Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390199		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 05/11/2023	
NAME OF PROVIDER OR SUPPLIER: PUNXSUTAWNEY AREA HOSPITAL, INC. STATE LICENSE NUMBER: 163701			STREET ADDRESS, CITY, STATE, ZIP CODE: 81 HILLCREST DRIVE PUNXSUTAWNEY, PA 15767				
(X4) ID PREFIX TAG	SUMMARY STATEME MUST BE PRECEI IDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE			
P 0000	This report is for the Inpatients and ER (E Pulmonology, Cardid Dermatology, Menta Health/Psychology a March 23, 2023. Pur attested they were in requirements of the I Health's Rules and R Code, Part IV, Subpa 1987, as amended June 1987, as amended June 2015.	ing on bital the tent of als, 28 PA	P 0000				
LABORATOR	Y DIRECTOR'S OR PROVIDER/SUP	PLIER REPRESENTATIVE'S SIGN	NATURE		TITLE:	(X6) DATE:	

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Certified End Page

PUNXSUTAWNEY AREA HOSPITAL, INC.

STATE LICENSE NUMBER: 163701 SURVEY EXIT DATE: 05/11/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

Jeanne Jaim

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY